

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

Our Docket No.: **P395.12-0001**

Date: **June 26, 2003**

First Named Inventor: **Marius O. Poliac**

Title: **MEDICAL DATA COLLECTION AND DELIVERY SYSTEM**

Express Mail No.: **EV004175585US**

APPLICATION ELEMENTS

ADDRESS TO:

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

1. ☒ Fee Calculation Sheet
(Submit an original and a duplicate for fee processing)

2. ☒ Applicant claims small entity status

3. ☒ Specification Total Pages **[18]**
- Descriptive title of the invention
- Cross References to Related Applications
- Statement Regarding Fed. Sponsored R&D
- Reference to Microfiche Appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claims
- Abstract of the Disclosure

4. ☒ Drawings (35 U.S.C. 113) Total Sheets **[5]**

5. ☐ Oath or Declaration Total Pages **[]**

- a. ☐ Newly Executed (original or copy)
b. ☐ Copy from a prior application (37 C.F.R. 1.63(d) - for continuation/divisional with Box 18 completed)

[Mark Box 5 below]

I. ☐ **DELETION OF INVENTOR(S)**

Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. 1.63(d)(2) and 1.33(b)

6. ☒ Application Data Sheet. See 37 CFR 1.76.

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (*Appendix*)
8. Nucleotide and/or Amino Acid Sequence Submission (*If applicable, all necessary*)
a. ☐ Computer Readable Copy (CRF)
b. Specification Sequence Listing on:
i. ☐ CD-ROM or CD-R (2 copies; or
ii. ☐ Paper
c. ☐ Statements verifying identify of above copies

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 C.F.R. 3.73(b) Submission
☐ Power of Attorney
11. ☐ English Translation Document (*if applicable*)
12. ☐ Information Disclosure Statement with copies of Citations as necessary
13. ☐ Preliminary Amendment Total Pages **[]**
14. ☒ Return Receipt Postcard (*Should be specifically itemized*)
15. ☐ Certified Copy of Priority document(s) (*If foreign priority is claimed*)
16. ☐ Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Application must attach form PTO/SB/35 or its equivalent
17. ☐ Other

18. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Division ☐ Continuation-in-part (CIP) of prior Application No.

Prior Application Information: Examiner Group Art Unit

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

ATTY NAME
AND REG. NO.

**David R. Fairbairn
Reg. No. 26,047**

SIGNATURE:



ADDRESS

**Kinney & Lange, P.A.
THE KINNEY & LANGE BUILDING
312 South Third Street
Minneapolis, MN 55415-1002**

TELEPHONE

(612) 339-1863

FAX: (612) 339-6580

FEE TRANSMITTAL		Complete if Known	
		Application No.	
		Filing Date	June 26, 2003
		First Named Inventor	Marius O. Poliac
		Group Art Unit	
		Examiner Name	
Total Amount of Payment \$ 375.00		Atty. Docket Number	P395.12-0001
METHOD OF PAYMENT (Check One)		FEE CALCULATION (Continued)	
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fee required under 37 C.F.R. 1.16 and 1.17 and credit any over payments to Deposit Account <u>No.11-0982</u> . Deposit Account Name: Kinney & Lange, P.A. A duplicate copy of this communication is enclosed		3. ADDITIONAL FEES	
2. <input checked="" type="checkbox"/> Check Enclosed			
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity Fee Code	Small Entity Fee Code	Large Entity Fee Code	Small Entity Fee Code
1001	1006	1004	1005
750	330	750	160
2001	2006	2004	2005
375	165	375	80
[X] Utility Filing Fee			
[] Design Filing Fee			
[] Reissue Filing Fee			
[] Prov. Filing Fee			
Subtotal (1) \$375.00			
2. EXTRA CLAIM FEES			
Number Claims	Prior	Extra	Fee from Below
Total	20	20	9
Indep.	2	3	42
Multiple Dependent Claims		0	
Insert 3 and 20, or number previously paid if greater; Reissue see below			
Large Entity Fee Code	Small Entity Fee Code	Description	Fee Paid
1202	2202	Claims in excess of 20	9
1201	2201	Independent claims in excess of 3	42
1203	2203	Multiple Dependent Claim	140
1204	2204	Reissue Independent Claims Over Original Patent	42
1205	2205	Reissue claims in excess of 20 and over original patent	9
Subtotal (2) \$-0-			

David R. Fairbairn

26,047

11-0982

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named Inventor	: Marius O. Poliac	
Appln. No.	:	
Filed	: June 26, 2003	Group Art Unit:
Title	: MEDICAL DATA COLLECTION AND DELIVERY SYSTEM	Examiner:
Docket No.	: P395.12-0001	

EXPRESS MAIL COVER SHEET

Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SENT VIA EXPRESS MAIL

Express Mail No.:

EV004175585US

Sir:

The following papers are being transmitted via **EXPRESS MAIL** to the U.S. Patent and Trademark Office on the date shown below:

1. Fee Calculation form w/attached check for \$375.00;
2. Utility Patent Application Transmittal Form;
3. Utility Patent Application (18 pages);
4. Formal Drawings (5 sheets);
5. File Data Form.

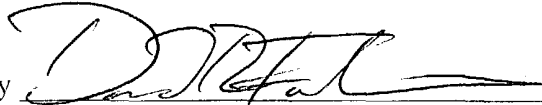
Respectfully submitted,

KINNEY & LANGE, P.A.

Date:

6/26/03

By



David R. Fairbairn, Reg. No. 26,047

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